

*Discounts available for City Employees and CCBOE Employees.

**Run if you can,
walk if you have to,
crawl if you must,
but don't give up!**



**The first step
is the hardest....
then it's real simple;
do it again.**

The 6 week Boot Camp is designed to focus on strength, endurance, fat loss, and lean muscular definition in a motivating group atmosphere. A variety of challenging workouts will push you beyond what you thought you were capable of and leave you feeling fired up!

F.A.Q.

How frequently do we meet?

Sessions are held Monday through Friday for one hour during the six-week program.

For clients that sign up for the 3 day per week program, it is recommended that you attend on Monday, Wednesday and Friday to allow a time period for muscle recovery.

Clients that sign up for the 4 day per week may choose any 4 week days.

Clients that sign up for the 5 day per week attend each weekday, Monday through Friday.

Boot Camp sessions are interchangeable, so if you miss a session, you may attend another session that day or on another day that week. Participants are expected to arrive on time.

Who can attend?

Boot Camp is open to anyone who wants to improve their health and fitness and is ready for change. The camp caters to all sizes, shapes and fitness levels; ages 18 and up. (Ages 12-18 eligible with instructor approval)

Do I need to be "athletic" to join?

Absolutely not! Our goal is to improve your current level of health and fitness. Each week that you put off joining so that you can think about getting in "better" shape is a week that you could have spent actually working on it. If you are already an athlete, you'll benefit by taking your game to the next level. Modified and advanced versions of various exercises will be demonstrated so that you can participate at your own fitness level.

Is there Boot Camp when it rains?

Boot Camp will continue during light drizzle. In the event of severe weather such as lightening, thunderstorms or hail, clients will be notified of cancellation and a make-up session will be provided at no cost. Please wear clothing appropriate for the weather.

What results can I expect?

What effort will you exert? With any fitness program; you get out of it what you put into it. A healthy rate of weight loss is 1 to 2 pounds per week, so the potential is there to lose up to 6-12 pounds of body fat in 6 weeks. Show up, work hard and results will follow!

What do I need to bring?

Please bring water for hydration, a towel, enthusiasm and commitment.

The Physical Activity Readiness Questionnaire (PAR-Q)

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and are not used to being very active, consult your physician before beginning an exercise program.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **Yes/No**
2. Do you feel pain in your chest when you do physical activity? **Yes/No**
3. In the past month, have you had chest pain when you were not doing physical activity? **Yes/No**
4. Do you lose your balance because of dizziness or do you ever lose consciousness? **Yes/No**
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? **Yes/No**
6. Is your doctor currently prescribing drugs (i.e.; water pills) for your blood pressure or heart condition? **Yes/No**
7. Do you know of any other reason why you should not do physical activity? **Yes/No**

If you answered **YES** to one or more questions, please speak with your doctor before you start becoming much more physically active.

If you answered **NO** to all questions, you can be reasonably sure that you can start becoming more physically active right now. Be sure to start slowly and progress gradually - this is the safest and easiest way to go.

Delay becoming much more active if:

- You are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better.
- You are or may be pregnant - talk to your doctor before you start becoming much more active.

Note: If your health changes so that you then answer YES to any of the above questions, ask for advice from your fitness or health professional.

I have read, understood and completed this questionnaire. Any questions I had were answered to my complete satisfaction. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in exercise activities it has been recommended that I have a yearly physical examination and consultation with my physician as to my physical activity so that I might have his/her recommendation concerning my participation in these activities. I represent that either I have had a physical examination and have been given my physician's permission to participate, or I represent that I am physically fit, have no medical condition which would prevent my full participation in exercise activities and therefore have decided to participate in physical activity and use fitness related equipment without the approval of my physician and do hereby assume all responsibility for my participation in these activities.

☐ I HEREBY AFFIRM THAT I AM OVER 18 AND I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED IN THE INFORMED CONSENT AND LIABILITY WAIVER.

☐ I HEREBY AFFIRM THAT I CONSENT ON BEHALF OF MY CHILD, WHO IS A MINOR AND I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED IN THE INFORMED CONSENT AND LIABILITY WAIVER.

Name: _____

Signature: _____

Date: _____

Witness: _____

Health/Lifestyle Survey Form

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: GA. Zip: _____

Email Address: _____ Phone#: _____ - _____

HEALTH QUESTIONNAIRE (Please indicate any health conditions that apply)

- | | |
|--|--|
| <input type="checkbox"/> Heart Disease/Angina/Hypertension | <input type="checkbox"/> Immune Disease - Type _____ |
| <input type="checkbox"/> Family History of Heart Disease | <input type="checkbox"/> Diabetes (Type ____) (Family History Yes / No) |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Nutritional Deficiency <input type="checkbox"/> Anorexia/Bulimia/ED |
| <input type="checkbox"/> Elevated Cholesterol | <input type="checkbox"/> Asthma/COPD |
| <input type="checkbox"/> Neuromuscular Disease | <input type="checkbox"/> Smoker (Packs per day ____) |
| <input type="checkbox"/> Arthritis/Tendonitis/Bursitis | <input type="checkbox"/> Hernia Type _____ |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Foot or Knee condition | <input type="checkbox"/> Recent Surgery Date _____ Surgery _____ |
| <input type="checkbox"/> Neck/Back condition _____ (location)
(Cervical/Thoracic/Lumbar/Sacroiliac) | <input type="checkbox"/> Pregnancy / Delivery -Notes: _____ |

Rate your current Aerobic Activity level:

- ☐ 1 Beginner (Less than 20 minutes, up to 2-5 times per week)
- ☐ 2 Intermediate (20-60 minutes 3-6 times per week for less than 6 months now)
- ☐ 3 Advanced (20-60 minutes 3 times per week for more than 6 months now)

List your mile time (if known) _____.

Which days of the week would you be willing to commit to cardiovascular activity?

- ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Rate your Strength Training level ☐ Beginner ☐ Intermediate ☐ AdvancedRate your level of Flexibility ☐ Beginner ☐ Intermediate ☐ Advanced

What would you like to improve?

- ☐ Strength /Endurance ☐ Balance ☐ Agility ☐ Gain Mass ☐ Weight Loss ☐ Sport Specific

What do you hope to gain from training sessions? (BE SPECIFIC!!!)

Personal Information

Name: _____ Date of Birth: ____/____/____ Phone: _____
Address: _____ City/State/Zip: _____
Emergency Contact: _____ (Phone): _____ Relationship: _____

Liability Waiver

I, _____ am voluntarily participating in a group exercise program conducted by Tina McKnight, CPFT. I, the undersigned, being aware of my own health and physical condition, acknowledge that my participation in any exercise program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and therefore may be injurious to my health.

Having such knowledge, I hereby release Tina McKnight, CPFT, her representatives, agents, employees and successors from liability and from any claims, demands and causes of action, now or in the future, for any condition, injury or illness which I may incur as a result of my voluntary participating or enrollment in the said physical activity. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death. I hereby assume all risks connected therewith and consent to participate in said program.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature: _____ Date: ____/____/____

Informed Consent for Exercise Testing

I hereby voluntarily give consent to engage in fitness testing. I understand that some fitness tests involve progressive stages of increasing effort, while some tests encourage work at maximum effort. I understand that I may terminate any test, at any time and for any reason.

I understand that certain changes may occur during exercise testing including but not limited to abnormal blood pressure, fainting, disorders of heart, and very rare instances of heart attack. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing.

I understand that I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Having such knowledge, I agree to assume all risks of such fitness testing, and hereby release and hold harmless Tina McKnight, CPFT, and any representatives, agents, employees and successors, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

ACKNOWLEDGEMENT AND RELEASE OF CITY OF WOODSTOCK, GEORGIA

I HEREBY ACKNOWLEDGE THAT TINA MCKNIGHT IS NOT AN EMPLOYEE OF THE CITY OF WOODSTOCK, GEORGIA AND THAT THE PROGRAM OFFERED BY TINA MCKNIGHT IS NOT SPONSORED BY THE CITY OF WOODSTOCK, GEORGIA. THE CITY IS ONLY PROVIDING THE LOCATION AND LOGISTICAL ASSISTANCE AND HAS NO CONTROL OR SUPERVISION OF THE PROGRAM. Having such knowledge, I agree to assume all risks related to such program, and hereby release and hold harmless the City of Woodstock, Georgia, and any officers, representatives, agents, employees and successors, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the program.

Signature: _____ Date: __/__/__

Witness: _____ Date: __/__/__